

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first (if only one name is listed below) and joint inventor (if multiple names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **POSITIVE AIRWAY PRESSURE SYSTEM AND METHOD FOR TREATMENT OF SLEEPING DISORDER IN PATIENT**, the specification of which is being filed herewith.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

Please address all communications regarding this application to:

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(212) 619-6000 (tel)  
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Please direct all contacts to Patrick J. Fay at Extension 202 or via email at Pfay@fkmlaw.com.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful and false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's Signature: D. M. Rapoport

Date: 8/14/03

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Post Office Address: Same as above.

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Inventor: **Robert G. Norman**

Inventor's Signature: Robert G. Norman

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